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Integrated Care Leadership Network

patient centered. frontline focused.

Organizing the Quality Improvement Effort

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Integrated Care Leadership Network

Integrated Care Leadership Network

The Integrated Care Leadership Network (ICLN) is a 501(c)3, nonprofit organization focused on leadership development and empowerment of clinicians and patients.

We build healthier relationships through education, experiences and information.

In addition, we work to promote ideas and solutions to effect change in the way we experience healthcare.

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Objectives

- Provide overview of program components

- Clarify team roles and responsibilities

- Outline participation expectations

- Review resource requirements

- Preview data collection requirement

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INLP Mission

Transform the hospital work environment by developing nurses' professionalism in order to create and lead sustainable systems change.

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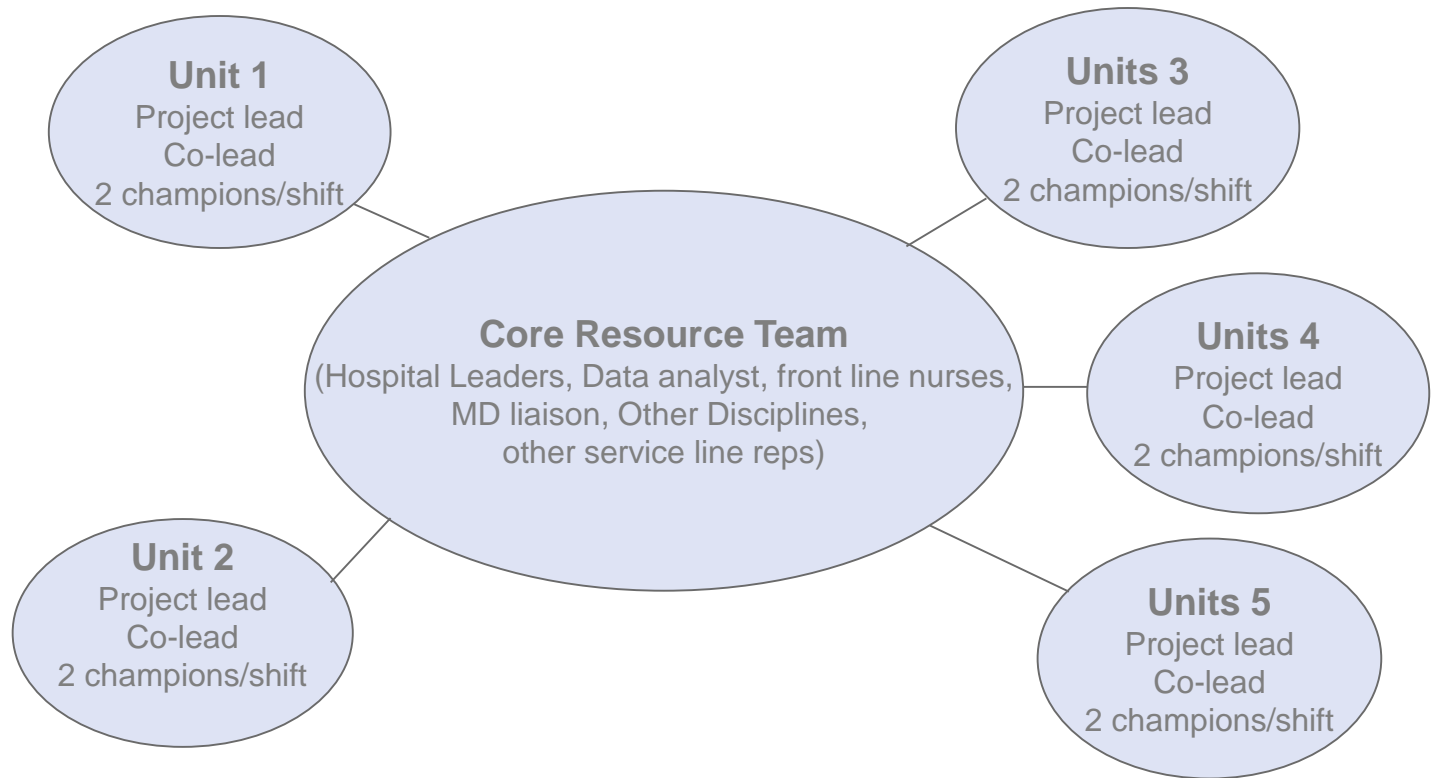NETWORK

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Program Goals

- Drive INLP Change Model to each hospital

- Members becomes a local-level expert and change agents for this project and others

- Improve mortality from sepsis by 15% from baseline on all INLP units

The Development Cycle

Dissemination

Problem ID

Innovate

Innovate

Dissemination

Embed into Organization

Implement

Systematize

Trial/Pilot

Systematizing

Improve (TOC)

Sustain

Results Demonstration

Implementation

INLP Change Framework Roll-out

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Unit 1
Project lead
Co-lead
2 champions/shift

Units 3
Project lead
Co-lead
2 champions/shift

Core Resource Team
(Hospital Leaders, Data analyst, front line nurses,
MD liaison, Other Disciplines,
other service line reps)

Units 4
Project lead
Co-lead
2 champions/shift

Unit 2
Project lead
Co-lead
2 champions/shift

Units 5
Project lead
Co-lead
2 champions/shift

Planning 3-6 months	Pilot units 6 months	Rollout 12 months	Embed 6 months

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Program Structure

- 7-10 member Core Resource

- 4-6 member Unit Teams

- 4-6 Executive Team

- 6-8 Off-site training sessions

- Workshop-based, hands-on knowledge exchange

- Intersession assignments (message maps, run charts, stakeholder analysis, process mapping, data collection, meetings)

- Regular data collection and small tests of change at the local level

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Program Overview

- Includes all medical-surgical units, ICUs, telemetry, step-down units, EDs

- **Develop sustaining plans, including policies, procedures, new processes, new tools, new orientation approach**

- Improve mortality of sepsis patients by 15% from baseline on all INLP units

Curricular Framework

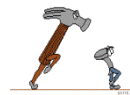| Individual	+ Team	+ Culture	+ Process	= **Outcomes**
Professional Growth & Development	Clinicians collaborating, participating & effectively working together to improve clinical processes	Pre-occupation with safety	Tools, skills, content to drive project/work	• Clinical processes
Career Orientation		Awareness of all types of culture	Improvement Science	• Professional RN Efficacy
Self-development				• Team Competencies
				• Professional Efficacy
				• Project management skills for nurses
				• Culture of Safety

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Core Theory for Change

Front Line Clinicians are underutilized as the ideal and *ideally positioned* health care provider to turn an organization into a *learning organization.*

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Why tackle this problem...

- As many sepsis deaths each year as acute myocardial infarction (215,000, or 9.3 percent of all deaths)

- Kills more than breast, colon, pancreatic and prostate cancer combined

- Before this talk is over, - 25 more people will have died of severe sepsis, in the US alone.

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Are you up for the challenge?

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Start-up Check List

❑ Set up Steering Committee

❑ Set up Unit-Based Teams

❑ Identify project manager(s)

❑ Schedule all three off-sites over 12 months

❑ Collect baseline mortality data for previous 6 months

❑ Collect baseline process measures

❑ Steering Committee and Unit-based team members complete safety/culture surveys

❑ Identify date to walk each participating unit to conduct sepsis flow mapping

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Start-up Check List

Set up Steering Committee

✓ Schedule twice monthly meetings for 12 months

✓ Review mortality and process measure data

✓ Suggested size: 8-10. Upwards of 20 to be informal members

✓ Inter-professional mix

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Start-up Check List

Set up Unit-Based Teams

✓ Schedule once/weekly calls or huddles or sit-down meetings for 12 months

✓ Review PDSA/Conduct PDSA

✓ Collect and review unit data

✓ Suggested composition: 4 front line clinicians working on unit. One or two nurses per shift plus hospitalist or RT or pharmacists if embedded on a unit

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Start-up Check List

Identify project manager(s)

✓ Administrative

✓ Nursing professional as professional development opportunity

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Start-up Check List

Schedule all three off-sites over 12 months

✓ 1 full-day training

✓ two half-day trainings

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Start-up Check List

Collect baseline mortality data for previous 6 months

- ✓ Use hospital historical definitions

- ✓ Use INLP expanded ICD-9 definitions

Collect baseline process measures

- ✓ Random sample of patients with severe sepsis, septic shock and septicemia codes

- ✓ Evaluate compliance to the EGDT bundle

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Start-up Check List

Steering Committee and Unit-based team members complete safety/culture surveys

Identify date to walk each participating unit to conduct sepsis flow mapping

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Program Expectations

- Attend all off-site sessions

- Attend all on-site (at hospital) sessions

- Occur between off-site sessions

- Two a month, one for just CRT, one for CRT and UTLs (called "expanded" session)

- Specific dates to be determined by each hospital

- INLP provides "special session" training materials for expanded sessions

- Complete all "home work" assignments

- Have fun and feel the INLP Love!

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Program Expectations (cont)

What you should expect from the INLP Team

- You can contact us via phone, email or mail

- We will promptly get back in touch with you

- We will post all materials/ assignments on the web

- Most assignments will be due the last Friday of the month

- We have resources you can use, such as expertise in: Data, Quality, Systems' redesign, Leadership, Program Management

- We are all a TEAM!

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Core Resource Team (CRT) Role

7-10 members:

- ✓ 1-2 senior leaders

- ✓ 1 data analyst

- ✓ 3-5 front line clinicians (e.g. nurse, physician, pharmacist)

- ✓ Others as identified by each hospital

Primarily responsible for organization-wide improvement

Directing and supporting the UTL and UTs

Advocating for INLP

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CRT Role in Detail

- Leading change effort enterprise-wide

- Prestigious and highly visible role

- Educating other members of the hospital

- Setting tone and pace of improvement

- Day to day leadership of overall program

- Create a culture of honest sharing and truth seeking

- Assist UT with creating improvement on each unit

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CRT Role in Detail

- Oversees Units

- Each CRT adopts a unit to "coach"

- Collects bi-monthly data per unit

- Collects all related minutes per unit

- Collects at least 2 Tests of Change per unit per month

- Ensures data imported into excel data file

- Provides all resources as necessary to UTLs to make improvements on each unit

- Conducts regular (weekly) visits to each unit for "executive walk arounds"

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CRT Expanded Sessions

Hold regular on-site sessions with at least 80% attendance rate

➢ <u>Expanded</u> session should be 1-2 hours and include:

- Each UTL will report out on successes, innovations, obstacles, needed resources or support

- Special Education Session (ad hoc)

- Organizational response to needs of the unit based on data

- Update data dashboard

- Conducts debrief

➢ Expanded session should include the UTLs from all INLP units

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CRT Regular Sessions

Hold regular on-site sessions with at least 80% attendance rate

➢ <u>Regular</u> session should be 60 minutes and include:

- ▪ Data review by unit.

- ▪ Organizational response to needs of the unit

- ▪ Decision making based on data

➢ Shorter session should include only the CRT

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Unit Team Leads and Unit Teams Roles

Unit Team Leads (UTL) and Unit Teams (UT)

- Create improvement in the early recognition of sepsis on your unit

- Provide data and information to CRT so they can give you resources as desired to create local-level improvement

- Create excitement and uptake among other nurses and physicians

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UTLs' Role in Detail

- Create improvement in the early recognition of sepsis on your unit

- Identify 2-4 other Team Members who will compose the Unit Team

- Hold bi-monthly meetings or "huddles" which will include the UL Members

- Have at least 50% of the team in attendance

- Pre schedule all meeting dates and meeting locations

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UTLs' Role in Detail (cont)

- Meetings will have minutes/records

- Meetings will follow the PDSA method

- Conduct at least 2 Tests Of Change (TOC) per month. More is better.

- All TOC based on best opportunity to improve based on data

- Track and trend data in excel

- Send all minutes, data, tests of change to the CRT within 1 week of holding your meeting. (Best to establish regular calendar with your CRT)

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UTLs' Role in Detail (cont)

- Attend Expanded CRT meetings. This is required.

- Report any **successes**, **innovations**, **obstacles** or **needed resources** to the CRT at expanded CRT meetings.

- Orient new team members as necessary.

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One could easily get overwhelmed..

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Data Collection Requirements

➢ Monthly Dashboard:

  ▪ % attendance rate attending expanded CRT meeting

  ▪ # of TOC completed/unit

  ▪ # of meetings held/unit

  ▪ % compliance with screening tool

  ▪ % compliance with EGDT

➢ Other data as requested "ad hoc" such as strategic communications map, process map

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What doctors and nurses do:

*Save Lives and
Stamp Out Diseases*